

HON. GARY W. DOMALEWICZ, CHAIR
HON. WILLIAM M. CLAY VICE CHAIR
MICHAEL J PAPARIAN
EUGENE MESSERCOLA
WILLIAM MURPHY
HON. WANDA WILLINGHAM



ALBANY COUNTY
CAPITAL RESOURCE CORPORATION

ALBANY COUNTY BUSINESS HUB
111 WASHINGTON AVE
SUITE 100
ALBANY, NEW YORK 12210
(518) 447-5602

LOAN APPLICATION

IMPORTANT NOTICE: The answers to the questions contained in this application are necessary to determine your firm's eligibility for financing and other assistance from Albany County Capital Resource Corporation (hereinafter the "Agency".) These answers will also be used in the preparation of papers in this transaction. Accordingly, all questions should be answered accurately and completely by an officer or other employee of your firm who is thoroughly familiar with the business and affairs of your firm and who is also thoroughly familiar with the proposed project. This application is subject to acceptance by the Agency.

APPLICANT: _____

APPLICANT'S ADDRESS: _____

CITY: _____ STATE: _____ PHONE NO.: _____

NAME OF PERSON(S) AUTHORIZED TO SPEAK FOR APPLICANT WITH RESPECT TO THIS APPLICATION:

IF APPLICANT IS REPRESENTED BY AN ATTORNEY, COMPLETE THE FOLLOWING:

NAME OF ATTORNEY: _____

ATTORNEY'S ADDRESS: _____

CITY: _____ STATE: _____ PHONE NO.: _____

EMAIL: _____

NOTE: PLEASE READ THE INSTRUCTIONS ON PAGE 2 HEREOF BEFORE FILLING OUT THIS FORM.

INSTRUCTIONS

1. The Agency will not approve any application unless in the judgment of the Agency said application contains sufficient information upon which to base a decision whether to approve or tentatively approve an action.
2. Fill in all blanks, using “none” or “not applicable” or “N/A” where the question is not appropriate to the project which is the subject of this application (the “Project”).
3. If an estimate is given as the answer to a question, put “(est)” after the figure or answer which is estimated.
4. If more space is needed to answer any specific question, attach a separate sheet. Note in the appropriate Part that more information is being attached and indicate on the attachment the Part which the supplemental information refers to.
5. When completed, return the original plus twelve (12) copies of this application to the Agency at the address indicated on the first page of this application.
6. The Agency will not give final approval to this application until the Agency receives a completed environmental assessment form concerning the Project which is the subject of this application.
7. Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the applicant feels that there are elements of the Project which are in the nature of trade secrets or information, the nature of which is such that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the applicant’s competitive position, the applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.
8. The applicant will be required to pay to the Agency all actual costs incurred in connection with this application and the Project contemplated herein.

Applicant Checklist

All information requested must be received a minimum of two (2) weeks in advance in order to be considered for inclusion on the next meeting agenda. Please make every effort to complete this checklist in its entirety to ensure a more streamlined application process.

____ Completed Application, Including

- Release of credit information
- Completed Employment Plan
- Completed and Signed Environmental Certification

____ List of proposed sources and uses of funds for the project

____ Previous 3-years federal tax returns for borrowers and related companies
(including accountant prepared financial statements)

____ Borrower internally prepared balance sheet and income/expense statement dated within 90 days of your loan request

____ Current accounts receivable and accounts payable aging (dated within 90 days)

____ Previous 3-years of personal federal tax returns for all owners/guarantors

____ Personal Financial Statement for all owners/guarantors, including bank statements that show the source of cash equity

____ Copy of picture ID for all owners/guarantors

____ Business Plan including history & background

_____ Management resumes

_____ Copies of Purchase Contract/Construction Estimates/detailed use of funds

_____ Two (2) years of financial projections, to include an income statement, balance sheet and cash flow with Year 1 set forth on a monthly basis.

Please return with your completed application with any applicable application fee made payable to **Albany County Capital Resource Corporation.**

* Please include any with your application any brochures or other descriptive material that may explain your business.

Part I. Applicant

Business Name_____	Telephone_____
Address_____	City/State_____ Zip_____
Type of Business_____	Established_____
Corporation____	S Corporation____ LLC____ Partnership____ Sole Proprietorship____
# of Employees Today____	# Employees Post Loan____ Tax Identification # _____
Applicants Email _____	Controller/CFO Email_____

Part II. Ownership of Applicant Company: List all principals with 20% or more Ownership

Name/Title	% Owned	Annual Compensation

Part III. Affiliates: List all businesses in which applicant or any owner has an interest

Company Name	Owner	% Ownership

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Part IV. Request:

Loan Amount Request: _____ Needed by: _____

Purpose: _____ Term of loan: _____

Collateral being offered: _____

Are you applying for any other financing? _____

If so, what is the status? _____

Source of loan repayment: _____

Part V. Outstanding Debt:

Lender	Date	Original Amount	Balance	Interest Rate	Payment	Maturity

Part VI. Trusted Advisors:

Primary Bank _____

Address _____ Zip Code _____

Contact _____ Telephone _____

Attorney: _____

Firm _____ Telephone _____

Address _____ Zip Code _____

Accountant: _____

Address _____ Zip Code _____

Contact _____ Telephone _____

Part VII. Trade References: (3)

1. Name_____

Address_____ Zip Code_____

Contact_____ Telephone_____

2. Name_____

Address_____ Zip Code_____

Contact_____ Telephone_____

Part VII Cont.:

3. Name_____

Address_____ Zip Code_____

Contact_____ Telephone_____

Part VIII. Detail any Litigation Pending:

Are you and/or your business current on all of your tax obligations? If no, explain:

Are you and/or your business delinquent in the payment of any loans or any other credit obligations? If yes, explain:

Have you and/or your business been declared in default on any loans or any other credit obligations? If yes, explain:

Have you and/or your business ever filed for bankruptcy? If yes, explain:

Are there any unsatisfied judgments against you or your business? If yes, explain:

Are you and/or your business a party to any threatened or pending lawsuits or other legal claims? If yes, explain:

Part IX. Other Matters:

Are you, any owner or officer or your business a candidate for public office, a public official or an immediate family member of such an official, or a business entity formed by or for the benefit of any public official? If yes, explain:

Are you or any owner an employee of the County of Albany or any affiliated entity? If yes, explain:

Does your business involve the use, production, transportation or storage of hazardous materials other than the usual office supplies?

I/We authorize the Albany County Capital Resource Corporation ("CRC") to contact references, obtain credit reports and make any other inquiries as CRC deems necessary to verify the accuracy of the statements made and to determine my/our credit worthiness. I/We certify to CRC that I/we have included all relevant information in response to the questions contained in this application and that all information disclosed in this application, or any accompanying statements is true, complete and accurate. I/We acknowledge that CRC will rely upon the accuracy of the content of this application and any accompanying statements in deciding whether to grant or continue credit or to accept a guaranty thereof, and that this application is not a commitment on the part of CRC to make any loan. I /We further promise that the proceeds of this loan will be used solely for the purposes outlined above and will not be used for personal, family or household purposes. I/We understand that CRC will retain this application whether or not it is approved. I/We agree to notify CRC if there are any material changes in the information disclosed in this application or accompanying statements.

Print Name: _____

Date: _____

Signature: _____

Title: _____

Print Name: _____

Date: _____

Signature: _____

Title: _____

Management Resume

(To be provided by CEO, COO, CFO and any owner of 10% of applicant entity. Copy As Needed)

Name_____SS#_____

Date of Birth_____Place of Birth_____

Residence Telephone () _____Cell () _____

Address_____Zip Code_____

Are you employed by U.S. Government? Yes___No___Agency_____

Are you U.S. Citizen? Yes___No___If No, Alien Registration Number_____

Have you ever been convicted of any criminal offense other than a misdemeanor involving a motor vehicle? Yes___No___If Yes, give details below.

EDUCATION:

College or Technical Training School	Dates Attended	Degree or Certificate

WORK EXPERIENCE: (Begin with Present Employment)

1. Company/Location_____

From_____To_____Title_____

Duties_____

2. Company/Location_____

From_____To_____Title_____

Duties_____

3. Company/Location_____

From_____To_____Title_____

Duties_____

RELEASE OF CREDIT INFORMATION

In order to expedite your loan application, please fill out and return this form. To be provided by the CEO, COO, CFO and any owner of 10% of applicant entity

I/We hereby authorize the release of my/our credit information to the above for the purposes of obtaining a loan.

Full Name: _____

Date: _____

Address: _____

Social Security No: _____

Date of Birth: _____

Employment: _____

Signature: _____

Full Name: _____

Date: _____

Address: _____

Social Security No: _____

Date of Birth: _____

Employment: _____

Signature: _____

Employment Plan

Company Name _____

Address _____ County _____

Contact Person _____ Telephone _____

(Name and Title)

Existing Company Employment by Position

Description of Position	Number of Employees		Annual Salary or Hourly Wage per Employee
	Full-Time	Part-Time	
TOTALS			

Projected New Employment by Position, 3-Year Period

Description of Position	Number of Employees		Annual Salary or Hourly Wage per Employee
	Full-Time	Part-Time	
TOTALS			

The employees of our firm are not ☐ are ☐ currently covered by a collective bargaining agreement with
 (name of international union / local union number)_____

Union Contact Person/Telephone_____

Contract Expiration Date_____ **Number of Employees Covered**_____

Signature_____ **Date**_____

NOTE: APPLICANT MUST COMPLETE THE APPROPRIATE VERIFICATION APPEARING ON PAGES 13 THROUGH 15 HEREOF BEFORE A NOTARY PUBLIC AND MUST SIGN AND ACKNOWLEDGE THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 16.

VERIFICATION

(If Applicant is a Corporation)

STATE OF)

)SS.:

COUNTY OF)

_____ deposes and says that he is the

(Name of chief executive of applicant)

_____ of _____,

(Title)

(Company Name)

the corporation named in the attached application; that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The deponent further says that the reason this verification is made by the deponent and not by said company is because the said company is a corporation. The grounds of deponent's belief are related to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as an officer of and from the books and papers of said corporation.

(officer of applicant)

Sworn to before me this

____ day of _____, 20____.

(Notary Public)

VERIFICATION

(If applicant is sole proprietor)

STATE OF)
)SS.:
COUNTY OF)

_____, deposes and says that he has read

(Name of Individual)

the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relative to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application.

Sworn to before me this

____ day of _____, 20__.

(Notary Public)

VERIFICATION

(If applicant is partnership)

STATE OF)
)SS.:
COUNTY OF)

_____, deposes and says that he is one of

(Name of Individual)

the members of the firm of _____, the partnership named

(Partnership Name)

in the attached application, that he has read the foregoing application and knows the contents thereof; and that the same is true and complete and accurate to the best of his knowledge. The grounds of deponent's belief relating to all matters in the said application which are not stated upon his own personal knowledge are investigations which deponent has caused to be made concerning the subject matter of this application as well as information acquired by deponent in the course of his duties as a member of and from the books and papers of said partnership.

Sworn to before me this

_____ day of _____, 20__.

(Notary Public)

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED BY THE AGENCY UNLESS THE HOLD HARMLESS AGREEMENT APPEARING ON PAGE 21 IS SIGNED BY THE APPLICANT. -----

HOLD HARMLESS AGREEMENT

Applicant hereby releases Albany County Capital Resource Corporation and the members, officers, servants, agents and employees thereof (hereinafter collectively referred to as the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by (i) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the application or the project described therein or the issue of bonds requested therein are favorably acted upon by the Agency, and (ii) the Agency's financing of the Project described therein; including without limiting the generality of the foregoing, all causes of action and attorneys' fees and any other expenses incurred in defending any suits or actions which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to find buyers willing to purchase the total bond issue requested, then, and in that event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all actual costs incurred by the Agency in the processing of the Application, including attorneys' fees, if any.

(Applicant)

BY: _____

Sworn to before me this

____ day of _____, 20____.

(Notary Public)